

## DMC ODS Stakeholder Feedback

The field of substance use disorder (SUD) prevention, treatment and recovery services must, and is, undergoing the most extensive transformation since the federal Substance Abuse Prevention and Treatment Block Grant was established in the 1980's. The California Department of Health Care Services received approval from the federal Centers for Medicare and Medicaid on August 13, 2015 to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver that will greatly expand SUD services reimbursable under the Drug Medi-Cal program for Counties that decide to participate. The Waiver will support coordination and integration across systems, strengthen county oversight of network capacity, and improve consumer access to services.

Correspondingly, Los Angeles County is engaged in transforming its system of care for SUD treatment services into a specialty health plan that will function as an integral component of the County health system. As part of this process, the Department of Public Health (DPH), Substance Abuse Prevention and Control (SAPC) seeks feedback from community members, community-based organizations, governmental organizations, and other stakeholders on its DMC-ODS application.

When completing this survey, please keep the following in mind:

1. You can skip any question that you do not want to answer or where you have no comments.
2. You cannot save the survey and return to it later. Therefore, you may want to prepare comments in advance, and copy and paste them into the survey document.
3. Your name and agency, if provided, will not be used in any document that summarizes the information received during this process. SAPC may contact you, however, if more information is needed to clarify your feedback.
4. The "Lines" listed in advance of the survey questions refer to SAPC's Implementation Plan for Drug Medi-Cal Organized Delivery System Waiver. We encourage you to refer to this document as you complete this survey. It is also available online at:  
<http://publichealth.lacounty.gov/sapc/HeathCare/DMCODSImplPlanreva.pdf>

Thank you in advance for contributing to the review and development of SAPC's DMC-ODS application. Your feedback will be very helpful in this effort to improve access to quality SUD services for youth and adults residing in Los Angeles County.

**DMC ODS Stakeholder Feedback**

1. If you would like SAPC to be able to contact you if more information is needed regarding your comments, please provide your contact information here:

Name

Company

Email Address

Phone Number

\* 2. How would you describe yourself?

3. If you are a SAPC provider, you may select the agency you work for from the list below.

## DMC ODS Stakeholder Feedback

The following are excerpts from the DMC-ODS application describing several key aspects of the redesigned system. Please review each excerpt and respond to the corresponding questions.

### Client Flow (Lines 54 - 122):

Excerpt - DPH-SAPC operates two Systems of Care for SUD treatment services, one for adults and one for adolescents..there is no "wrong door".can access services by contacting the Access Line or by contacting any contracted-SUD network provider...the individual will participate in a screening interview to determine Medi-Cal eligibility and an initial SUD screening based on the ASAM criteria, resulting in a provisional level of care (LOC) placement and assistance in admission.the SUD treatment program will conduct a more intensive psychosocial clinical assessment.should it be determined that the individual requires a change in LOC during the course of treatment, the current treatment provider will assist the individual in transferring.if a beneficiary's condition does not show improvement at a given LOC or with a particular intervention, then a progress review, abbreviated assessment, and treatment plan modification will be made.discharge planning is an integral component and begins at time of admission.beneficiaries who no longer meet medical necessity, or prematurely exit.will receive recovery monitoring for a minimum of six months.

4. How confident are you that the client flow described will ensure that clients receive the most appropriate treatment services in a timely manner, and as needed?

Not confident at all      Slightly Confident      Neutral      Quite Confident      Extremely Confident

☐ ☐ ☐ ☐ ☐

5. Describe what should be added or clarified to improve how clients flow through the treatment system of care:

6. Describe any potential client or provider-level barriers or challenges to implementing the client flow as described:

**Beneficiary Access Line (Lines 124-156):** Excerpt - The County will operate a toll-free access line available 24 hours, 7 days a week.staffed weekdays 8 a.m. to 6 p.m.staff will conduct screening interviews.make a provisional determination of LOC... use an automated system to schedule admission appointments.information will be collected for continuous quality assurance purposes.

7. How effective do you think this access line will be in directing new clients to SUD Services?

Not effective at all      Slightly effective      Neutral      Quite Effective      Extremely effective

8. Describe what should be added or clarified to improve how clients access services using the beneficiary access line:

**Treatment Services and Expansion Plan for Adults (Lines 158-178, 192-206, 224-233, Attachment**

**1A):** Excerpt - At minimum, the following services will comprise the initial benefit package for adults:

Outpatient (ASAM 1), Intensive Outpatient Services (ASAM 2.1), Residential Treatment (ASAM 3.1, 3.3, 3.5), Withdrawal Management (ASAM 1-WM, 3.2-WM), Medication-Assisted Treatment (ASAM OTP) and recovery support...services not included in the benefit packages will be phased into the benefit package with the following timelines. July 1, 2016 - implement initial benefit package. June 30, 2017 - complete inclusion of all addiction medications and continue adding network providers. June 30, 2018 - complete inclusion of Level 2-WM.

9. How satisfied are you with the initial (year one) Drug Medi-Cal funded benefit package for Medi-Cal eligible adults?

Not satisfied at all      Slightly satisfied      Neutral      Quite Satisfied      Extremely satisfied

10. Describe what should be added or clarified to improve the initial (year one) benefit package for adults:

11. Describe any potential provider-level barriers to implementing or expanding the initial (year one) benefit package for adults:

**Treatment Services and Expansion Plan for Adolescents (Lines 180-187, 208-222, 235-240,**

**Attachment 1B):** Excerpt - At minimum, the following services will comprise the initial benefit package for adolescents: Outpatient (ASAM 1), Intensive Outpatient Services (ASAM 2.1), Residential Treatment (ASAM 3.1, 3.5), and recovery support. services not included in the benefit packages will be phased into the benefit package with the following timelines. July 1, 2016 - implement initial benefit package. June 30, 2017 - continue adding network providers. June 30, 2018 - complete expanding provider network.

12. How satisfied are you with the initial (year one) Drug Medi-Cal funded benefit package for Medi-Cal eligible adolescents?

Not satisfied at all      Slightly satisfied      Neutral      Quite Satisfied      Extremely satisfied

13. Describe what should be added or clarified to improve the initial (year one) benefit package for adolescents:

14. Describe any potential provider-level barriers to implementing or expanding the initial (year one) benefit package for adolescents:

**Coordination with Mental Health (Lines 242-260):** Excerpt - A current MOU defines the coordination of mental health and SUD services for Medi-Cal beneficiaries.[the Department of Mental Health] DMH is responsible for serving beneficiaries with diagnosed serious mental illness and co-occurring SUD.SAPC is responsible for serving beneficiaries with SUD alone or with co-occurring mild to moderate mental health conditions..DPH-SAPC coordinates care with the two County health plans for those with co-occurring SUD and mild to moderate mental health conditions.

15. How confident are you that the coordination plan between DPH-SAPC, DMH and the health plans will improve care for SUD clients with mild, moderate or serious mental health conditions?

Not confident at all	Slightly Confident	Neutral	Quite Confident	Extremely Confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Describe what should be added or clarified to improve coordination of care for clients with mild to moderate mental health conditions served by DPH-SAPC contractors:

17. Describe any provider-level barriers to coordinating with the health plans (Health Net and LA Care) regarding care for clients with mild to moderate mental health conditions:

**Coordination with Physical Health (Lines 262-301):** Excerpt - DPH-SAPC established MOUs with the two County Med-Cal managed care plans (Health Net and LA Care) that defines the coordination of physical health and SUD services for Medi-Cal beneficiaries.DPH-SAPC, DMH, and the two health plans will use the care coordination infrastructure established for the Cal MediConnect project to build the DMC-ODS care coordination infrastructure.DPH-SAPC also has a well-established care coordination relationship with the Department of Health Services (DHS).

18. How confident are you that the coordination plan between DPH-SAPC, DHS and the health plans will improve care for SUD clients with physical health conditions?

Not confident at all	Slightly Confident	Neutral	Quite Confident	Extremely Confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Describe what should be added or clarified to improve coordination of care for clients with physical health conditions served by DPH-SAPC contractors:

20. Describe any potential provider-level barriers to coordinating with the health plans regarding care for clients with physical health conditions:

**Access (Lines 329-413):** Excerpt - The greatest concern is the speediness with which the State is able to process new DMC applications, particularly for residential services.outpatient services will be operated at least six days a week during regular business hours and on at least two weekday evenings.services in Spanish will be offered by all network providers.services in other languages may be offered by specific programs that service specific cultural populations.first appointments will be scheduled as soon as possible and no longer than 72 hours from initial request.a criterion for outpatient services should be within one hour travel time by personal or public transportation.

21. If you identified as an SUD service provider, are you ABLE to do the following to improve access to services:

	Yes	No	Don't Know	Not Applicable
Increase the number of residential treatment beds within your facility/facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate outpatient services six days per week and at least two evenings per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide services in Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide other culturally and linguistically appropriate services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct an assessment within 72 hours of referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. If you identified as an SUD service provider, are you WILLING to do the following to improve access to services:

	Yes	No	Don't Know	Not Applicable
Increase the number of residential treatment beds within your facility/facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate outpatient services six days per week and at least two evenings per week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide services in Spanish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide other culturally and linguistically appropriate services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct an assessment within 72 hours of referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Describe what should be added or clarified to improve overall client access to services:

24. Describe any potential provider-level barriers to implementing these minimum requirements to improve access to services:

**Quality Assurance (Lines 445-604):** Excerpt - DPH-SAPC will establish a series of quality assurance processes in order to establish a structural framework for quality, accountability, and oversight that will pertain to all publicly-funded SUD services. the purpose of the Quality Assurance (QA) program is two-fold: (1) to establish an infrastructure for quality-focused services through the formation of a number of committees that focus on specific aspects of an organized delivery system of SUD services and (2) to set standards in areas, including medical necessity criteria, clinical practice (including medication-assisted treatment), and level of care guidelines founded on criteria established by ASAM..quality improvement projects (QIP) offer an opportunity for providers to examine and identify challenges that affect their delivery of services, and to develop projects that uniquely address the identified issues or problems.provider agencies will be required to be involved in a least one QIP at all times throughout the year.the Utilization Management (UM) program will assess how the DPH-SAPC provider network is delivering services and how it is utilizing resources for eligible beneficiaries.

25. How effective do you think DPH-SAPC's QA/UM plan will be in ensuring that contractors provide quality-focused, effective, and appropriate services for SUD clients?

Not effective at all	Slightly effective	Neutral	Quite Effective	Extremely effective
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If you identified as an SUD service provider, how ready are you to implement a similar QA plan at your agency within the next year?

Not ready at all	Slightly ready	Neutral	Quite ready	Extremely ready
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. If you identified as an SUD service provider, how ready are you to conduct at least one QIP each year, and implement any needed changes to improve client services?

Not ready at all	Slightly ready	Neutral	Quite ready	Extremely ready
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Describe what should be added or clarified to improve DPH-SAPC's QA/UM programs:

29. Describe any potential provider-level barriers or challenges to implementing a similar QA/UM plan for SUD services:

**Evidence-Based Practices (Lines 606-612):** Excerpt - The County will require that its network providers implement and use, at minimum, the evidence-based practices of Cognitive Behavioral Therapy and Motivational Interviewing.

30. How effective do you think these two evidence-based practices will be to improving treatment outcomes for SUD clients?

Not effective at all	Slightly effective	Neutral	Quite Effective	Extremely effective
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Describe any potential provider-level barriers or challenges to implementing these evidence-based practices consistently and with fidelity:

**Assessment (Lines 614-629):** Excerpt - Beneficiaries will first be screened by the Access Line to establish the provisional level of care and to initiate referral when indicated. the SUD treatment provider will be required to have appropriate staff for determining medical necessity, and will be trained on and required to use the ASAM criteria for placement decisions, continued service, and transfer/discharge.



32. How effective do you think the assessment process will be to ensuring clients are placed at the right level of care/service based on current need?

Not effective at all	Slightly effective	Neutral	Quite Effective	Extremely effective
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Describe what should be added or clarified to improve the assessment process:

34. Describe any potential provider-level barriers or challenges to implementing the assessment process, including determining medical necessity and using the ASAM criteria:

**Additional Medication Assisted Treatment (Lines 690-697):** Excerpt - The County will offer to its beneficiaries all addiction medications approved by the Federal Drug Administration as determined by medical necessity.

35. How important do you think the medication assisted treatment (e.g., Methadone, Buprenorphine, Naltrexone) benefit is to ensuring treatment success when indicated?

Not important at all	Slightly important	Neutral	Quite important	Extremely important
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Describe any potential provider-level barriers or challenges to exploring this service option with clients and making referrals when needed:

**Residential Authorization (Lines 699-716):** Excerpt- The County will establish written policies and procedures describing required authorization for initial admission to DMC residential services ...and for processing requests for continuing authorization of DMC residential services.

37. How effective do you think the prior authorization for residential services will be to improving access to these services when needed (Reminder: Prior authorization is a waiver requirement)?

Not effective at all	Slightly effective	Neutral	Quite Effective	Extremely effective
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. Describe what should be added or clarified to improve the prior authorization process:

39. Describe potential provider-level barriers or challenges to exploring this service option with clients and making referrals when needed:

40. If you have additional comments or recommendations regarding areas not included in the questions above, please provide them in the appropriate sections below.

a. Coordination Assistance (Lines 303-327)

b. Training Provided (Lines 415-436)

c. County Technical Assistance (Lines 438-443)

d. Regional Model (Lines 631-634)

e. Memorandum of Understanding (Lines 636-642)

f. Telehealth Services (Lines 644-654)

g. Contracting (Lines 656-688)

h. Appeals Process (Lines 674-679)

41. In order to successfully implement this plan, do you anticipate having any training and technical assistance needs? If so, please indicate them here:

42. Please share any additional comments or recommendations you may have here:

**Thank you for taking the time to complete this survey.**

**This document is for reference only**

**Please complete the survey online at:**

**<https://www.surveymonkey.com/r/5MX5G8N>**